


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90212 010 \*\*\*\*61.25

<b>DOCUMENT # 737812</b> 1. Entity Name <b>HEARTHSTONE OWNERS MUTUAL ENDEAVOR (HOME), INC.</b>					
Principal Place of Business <b>4247 BURTONWOOD CIR PENSACOLA FL 32514 US</b>			Mailing Address <b>4247 BURTONWOOD CIR PENSACOLA FL 32514 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip      Country		City & State Zip      Country		4. FEI Number <b>59-1739620</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>BRYAN, GLORIA L 4247 BURTONWOOD CIR PENSACOLA FL 32514</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>P</b> <b>CREELE, STEVE</b> <b>4229 BURTONWOOD DR</b> <b>PENSACOLA FL 32514</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>V</b> <b>HOSEY, KEVIN</b> <b>4214 BURTONWOOD DR</b> <b>PENSACOLA FL 32514</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>S</b> <b>COCHRAN, BOBBY</b> <b>4241 BURTONWOOD DR</b> <b>PENSACOLA FL 32514</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>T</b> <b>BRYAN, GLORIA L</b> <b>4247 BURTONWOOD DR</b> <b>PENSACOLA FL 32514</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D</b> <b>SMITH, ALICE</b> <b>4325 BURTONWOOD DR</b> <b>PENSACOLA FL 32514</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D</b> <b>BRYAN, W.H.</b> <b>4247 BURTONWOOD DR</b> <b>PENSACOLA FL 32514</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>S</b> <b>Evelyn Grosse</b> <b>4344 4311 Burtonwood Dr.</b> <b>Pensacola, FL 32514</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>T</b> <b>4247 Burtonwood Circle</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D</b> <b>Don McVay</b> <b>4243 Burtonwood Circle</b> <b>Pensacola, FL 32514</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D</b> <b>4247 Burtonwood Circle</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Gloria L. Bryan</u>      <u>Gloria L. Bryan</u>      <u>April 13, 07</u>      <u>(850) 477-8849</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					